

CLAIMS ONLY						Application Number	Filing Date					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	1					51						
2	1					52						
3						53						
4	1					54						
5						55						
6	1					56						
7						57						
8						58						
9	1					59						
10						60						
11						61						
12	1					62						
13	1					63						
14						64						
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18	1					68						
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42						92						
43						93						
44						94						
45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
Total Indep						Total Indep						
Total Depend						Total Depend						
Total Claims						Total Claims						